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1.5. Author's Phone Number	1.6. Author's Email Address
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My residence, post office address and citizenship are as stated below next to my

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled NETWORK BASED INTEGRATED SYSTEM OF CARE (Attorney Docket No. 021356-9002-00), the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number

23409

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DIRECT ALL COMMUNICATIONS IN OR PERTAINING TO THIS APPLICATION
TO:

Customer Number

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I hereby claim priority benefit under Title 35, United States Code, §119 of the provisional U.S. patent application listed below:

Application Serial No.
60/219,296

Filing Date
19 July 2000

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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